

REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE-PRESIDENT 1 / 7

1. NAME OF COMMITTEE (in full) HUCKABEE FOR PRESIDENT, INC.		2. IDENTIFICATION NUMBER C00431809
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported C/O JPMS Cox, PLLC 11300 Cantrell Road, Suite 301		
CITY, STATE, and ZIP CODE Little Rock AR 72212		3. IS THIS REPORT FOR : <input type="checkbox"/> Primary <input type="checkbox"/> General

4. TYPE OF REPORT (Check here ☒ if this is a Termination Report.)

<input type="checkbox"/> April 15 Quarterly Report <input type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> October 15 Quarterly Report <input type="checkbox"/> January 31 Year End Report	Monthly Report Due On: <table style="width: 100%;"> <tr> <td><input type="checkbox"/> February 20</td> <td><input type="checkbox"/> June 20</td> <td><input type="checkbox"/> October 20</td> </tr> <tr> <td><input type="checkbox"/> March 20</td> <td><input type="checkbox"/> July 20</td> <td><input type="checkbox"/> November 20</td> </tr> <tr> <td><input type="checkbox"/> April 20</td> <td><input type="checkbox"/> August 20</td> <td><input type="checkbox"/> December 20</td> </tr> <tr> <td><input type="checkbox"/> May 20</td> <td><input type="checkbox"/> September 20</td> <td><input type="checkbox"/> January 31</td> </tr> </table>	<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20	<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20	<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20	<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31
<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20											
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20											
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20											
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31											

☐ Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____
 on _____

IS THIS REPORT AN AMENDMENT ☐ YES ☒ NO

5. COVERING PERIOD		FROM 10/01/2010	THROUGH 12/31/2010
SUMMARY	6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD	7039.19	
	7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)	41000.00	
	8. SUBTOTAL (Lines 6 and 7)	48039.19	
	9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	48039.19	
	10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8)	0.00	
	11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	0.00	
	12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	0.00	
	13. EXPENDITURES SUBJECT TO LIMITATION	16043517.35	
NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES	14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	16061923.97	
	15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	16043517.35	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.

Type or Print Name of Treasurer Bryan Jeffrey	Date 01/31/2011
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Signature of Treasurer

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of FEC FORM 3P are obsolete and should no longer be used.

For further information contact: Federal Election Commission
 999 E Street, N.W.
 Washington, DC 20463
 Toll Free 800-424-9530
 Local 202-694-1100

FEC FORM 3P
(01/2001)

DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS

(PAGE 2, FEC FORM 3P)

Name of committee (in full)

HUCKABEE FOR PRESIDENT, INC.

Report Covering the Period

From: 10/01/2010

To: 12/31/2010

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	.....	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees	.....	0.00	16066083.71
(b) Political Party Committees	.....	0.00	15500.00
(c) Other Political Committees	.....	0.00	59423.43
(d) The Candidate	.....	41000.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))		41000.00	16141007.14
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	.....	0.00	0.00
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate	.....	0.00	0.00
(b) Other Loans	.....	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	.....	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating	.....	0.00	320691.65
(b) Fundraising	.....	0.00	0.00
(c) Legal and Accounting	.....	0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))		0.00	320691.65
21. OTHER RECEIPTS (Dividend, Interest, etc.)	.....	0.00	13662.72
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)	.....	41000.00	16475361.51
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES	.....	48039.19	16364209.00
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	.....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	.....	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	.....	0.00	0.00
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate	.....	0.00	0.00
(b) Other Repayments	.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	.....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees	.....	0.00	74083.17
(b) Political Party Committees	.....	0.00	0.00
(c) Other Political Committees	.....	0.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))	.....	0.00	79083.17
29. OTHER DISBURSEMENTS	.....	0.00	400.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	.....	48039.19	16443692.17
III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	.....	0.00	

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE
 (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)
 (PAGE 3, FEC FORM 3P)

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1. NAME OF COMMITTEE (in full)**HUCKABEE FOR PRESIDENT, INC.****ADDRESS (number and street)**C/O JPMS Cox, PLLC
11300 Cantrell Road, Suite 301**CITY, STATE, and ZIP CODE**

Little Rock AR 72212

2. IDENTIFICATION NUMBER

C00431809

ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	0.00	New Hampshire	0.00	0.00
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	0.00	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	0.00	0.00	South Carolina	0.00	0.00
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	0.00	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	0.00	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	0.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			TOTALS	0.00	0.00

Schedule A-P

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 4 / 7

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input checked="" type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HUCKABEE FOR PRESIDENT, INC.

A.

Full Name (Last, First, Middle Initial)

MIKE HUCKABEE

Mailing Address

1134 Silverwood Trail

City

North Little Rock

State

AR

Zip Code

72116

FEC ID number of contributing
federal political committee.

P80003478

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

41000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 1 0

Amount of Each Receipt this Period

41000.00

Transaction ID: SA17D.4150

SUBTOTAL of Receipts This Page (optional)

41000.00

TOTAL This Period (last page this line number only)

41000.00

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 / 7

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
HUCKABEE FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 650448	Transaction ID: SB23.4165 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 0 / 2 0 1 0</div> </div>
City Dallas State TX Zip Code 75265 Purpose of Disbursement Outstanding Check Voided Candidate Name MIKE HUCKABEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 00	Amount of Each Disbursement this Period <div>-64.49</div> <div>101</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Brandon Fuller Mailing Address 607 Innsbrooke Cove City Jacksonville State AR Zip Code 72076 Purpose of Disbursement Outstanding Check Voided Candidate Name MIKE HUCKABEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 00	Transaction ID: SB23.4166 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>-46.08</div> <div>101</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Holtzman Vogel, PLLC Mailing Address 45 North Hill Drive Suite 100 City Warrenton State VA Zip Code 20186 Purpose of Disbursement Consultants - Legal Candidate Name MIKE HUCKABEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 00	Transaction ID: SB23.4154 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>5684.34</div> <div>101</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

5573.77

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
HUCKABEE FOR PRESIDENT, INC.

A.

Full Name (Last, First, Middle Initial)

Holtzman Vogel, PLLC

Mailing Address 45 North Hill Drive
Suite 100

City Warrenton State VA Zip Code 20186

Purpose of Disbursement
Consultants - Legal

Candidate Name
MIKE HUCKABEE

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.4156

Date of Disbursement

12 / 30 / 2010

Amount of Each Disbursement this Period

295.00

B.

Full Name (Last, First, Middle Initial)

JPMS Cox, PLLC

Mailing Address 11300 Cantrell Road
Suite 301

City Little Rock State AR Zip Code 72212

Purpose of Disbursement
Accounting & Compliance Fees

Candidate Name
MIKE HUCKABEE

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.4157

Date of Disbursement

12 / 30 / 2010

Amount of Each Disbursement this Period

42170.42

SUBTOTAL of Disbursements This Page (optional)

42465.42

TOTAL This Period (last page this line number only)

48039.19

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
HUCKABEE FOR PRESIDENT, INC.**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Holtzman Vogel, PLLCNature of Debt (Purpose):
FEC Compliance - Disputed
DebtMailing Address 45 North Hill Drive
Suite 100City State ZIP Code
Warrenton VA 20186

Outstanding Balance Beginning This Period

295.00

Transaction ID: SD12.4147

Amount Incurred This Period

0.00

Payment This Period

295.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Holtzman Vogel, PLLCNature of Debt (Purpose):
Consultants - LegalMailing Address 45 North Hill Drive
Suite 100City State ZIP Code
Warrenton VA 20186

Outstanding Balance Beginning This Period

5684.34

Transaction ID: SD12.4149

Amount Incurred This Period

0.00

Payment This Period

5684.34

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
JPMS Cox, PLLCNature of Debt (Purpose):
Accounting & Compliance
FeesMailing Address 11300 Cantrell Road
Suite 301City State ZIP Code
Little Rock AR 72212

Outstanding Balance Beginning This Period

42170.42

Transaction ID: SD12.4145

Amount Incurred This Period

0.00

Payment This Period

42170.42

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional).....

0.00

2) TOTALS This Period (last page this line number only).....

0.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

0.00